



## INSTRUCTIONS FOR COMPLETING APPLICATION FOR ADULT CARE HOME LICENSE (Form AC 102 PARTS I, II & III)

### REASON:

An **initial application** shall be filed by an applicant seeking a license for a new facility or when an existing facility is sold. The current licensee shall notify the department of any anticipated **change of ownership** sixty (60) days in advance of the proposed effective date of the change.

An **annual report** is filed with the licensing agency at the time prescribed by the licensing agency.

An **amended** application is filed when changes in existing licensees occur (e.g. lessee, sub-lessee or management firm)

### A. IDENTIFICATION

Provide the full legal name and physical address including the nine-digit zip code of the facility. Provide the Federal Tax ID#; facility's telephone number and fax number (if available).

### B. ADMINISTRATION

Administrator's name and license number. This is the individual who is charged with the general administration of nursing facilities, assisted living, residential health care with 61 or more residents. Each administrator of an adult care home shall be licensed in accordance with K.S.A. 65-3501.

Operator's name. This is an individual who is responsible for operating an assisted living facility or residential health care facility with fewer than 61 residents.

Qualified Mental Retardation Professional -- This is an individual who is responsible for insuring the delivery of active treatment for resident in an intermediate care facility for the mentally retarded.

### **C. LICENSURE CATEGORY**

Select the category/ies along with number of beds and then give the total number of licensed beds.

### **D. RESIDENT SURETY BOND**

Nursing Facilities Only need to complete this information by giving the name of the insurance company and the amount of the surety bond.

### **E. OWNER(S) OF PREMISES**

Identify by name and address the owner of the building where the adult care home is located. If a corporation owns the building, enter the corporation's name, **not the stockholders**. **If the building has an industrial revenue bond issue, the city or county should be listed on this line.**

### **F. LESSEE OR CONTRACT PURCHASER**

Identify by name and address the lessee or contract purchaser if applicable. This information would be the name of the entity that has a lease or a contract purchase agreement.

### **G. SUBLESSEE**

Identify by name and address the sublessee if applicable. This information would be the name of the entity that has a sublease agreement with the lessee.

### **H. MANAGEMENT FIRM**

Identify by name and address the management firm if applicable. This information would be the name of the entity that has a management contract between the owner, lessee or sublessee.

### **I. OTHER ENTITIES**

List all others entities involved in the operation of the facility.

### **J. INDUSTRIAL REVENUE BONDS**

Check yes or no if the building has a current industrial revenue bond issued. If yes, give the name and address of the government agency and the date of maturity of the bonds.

## **K. PART II - Disclosure of Ownership Information**

### **L. Fee**

The fee to operate an Adult Care Home is \$100.00 plus \$30.00 for each bed.

**Each** licensee appearing on Part I, lines E, F, G, H, or I must complete a Part II of the application for an adult care home license. If another corporation is a subsidiary or parent company, then a separate Part II is required for each entity. The resident agent information should be the name and address of the person listed for the disclosing entity. This information should be what is registered with the Secretary of State's office. To verify this information call 785-296-4564.

**PART III** - If an initial application is being completed, all items requested on Part III must be included.



**KANSAS DEPARTMENT ON AGING  
LICENSURE, CERTIFICATION & EVALUATION COMMISSION  
APPLICATION FOR ADULT CARE HOME LICENSE - Part I**

**The undersigned hereby applies to the Kansas Department on Aging for a license to operate an adult care home subject to the provisions of Kansas law.**

REASON (Mark with "X")	<input type="checkbox"/>	INITIAL	<input type="checkbox"/>	ANNUAL REPORT	<input type="checkbox"/>	AMENDED
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**A.** Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip (9-Digit) \_\_\_\_\_ County \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Federal Tax ID # \_\_\_\_\_

**B. Administration**

Administrator \_\_\_\_\_ License No. \_\_\_\_\_  
(Nursing facilities; Assisted Living/Residential Health Care of 61 or more residents)

Operator \_\_\_\_\_  
(Individual who has completed a course on principles of assisted living approved by KDOA and is in charge of operating Assisted Living/Residential Health Care with fewer than 61 residents.)

Qualified Mental Retardation Professional \_\_\_\_\_  
(Intermediate Care Facility for the Mentally Retarded)

**C. License Category**

☐ Nursing Facility Beds \_\_\_\_\_ ☐ Assisted Living Facility Beds \_\_\_\_\_ ☐ Residential Health Care Facility Beds \_\_\_\_\_  
☐ Nursing Facility/Mental Health Beds \_\_\_\_\_ ☐ Intermediate Care Facility for Mentally Retarded Beds \_\_\_\_\_  
TOTAL NUMBER OF LICENSED BEDS \_\_\_\_\_

**D. Surety Bond Information Below:**

Name of Surety Bond Insurance Company: \_\_\_\_\_  
Amount of Surety Bond: \$ \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

License Effective Date \_\_\_\_\_ License ID Number \_\_\_\_\_  
License Status \_\_\_\_\_ Annual Report Due Date \_\_\_\_\_  
Approved By \_\_\_\_\_

E. **Name and address of Owner(s) of Premises.** *(Copy of deed must be attached when filing "Initial" application or change of ownership.)*

F. **Name and address of Lessee or Contract Purchaser**

G. **Name and address of Sublessees**

H. **Name and address of Management Firm Who Operates Facility**

I. **Name and address of any other entities involved in the operation or management of the Adult Care Home.**

J. **Was the building financed by industrial revenue bonds?** ☐ Yes ☐ No  
**If yes, give name and address of the government agency.**

K. **Attached Completed Part II for each entity that appears on lines E, F, G, H, or I.**

L. **Submit Fee**

**The fee to operate an Adult Care home is \$100.00 plus \$30.00 for each bed. Payment shall be made payable to the Kansas Department on Aging. Return to Kansas Department on Aging, Licensure & Certification Program, 503 S. Kansas Avenue, Topeka KS 66603-3404, (785) 296-4986.**

The undersigned is authorized to represent all licensees:

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## KDOA LICENSURE &amp; CERTIFICATION COMMISSION

EACH ENTITY IDENTIFIED ON PART I – IN E, F, G, H OR I MUST COMPLETE PART II

Facility Name	Street Address	City
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## B. Disclosing Entity's Name

C. Type of Entity    ☐ 1. Sole Proprietorship    ☐ 2. Partnership    ☐ 3. Joint Venture

☐ 4. Corporation for profit      ☐ 5. Corporation not for profit

☐ 6. Government - Type ☐ 7. Other (Explain)

☐ 8. Limited Liability Company

D. Give the Resident Agent's name and address as filed/registered with the Secretary of State's office for the disclosing entity listed on **Line B** of this form. Contact Secretary of State's office to verify this information – telephone number is (785) 296-4564.

Resident Agent	Address
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City	State	Zip
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**COMPLETE THE BOXES BELOW WITH THE INFORMATION AS FOLLOWS FOR THE DISCLOSING ENTITY LISTED ON LINE B ABOVE.**

1. List the name (s) and address(es) of each person who has any direct or indirect ownership of **5 percent** or more in entity listed above.
2. List each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.
3. If the disclosing entity is organized as a corporation, attach a list showing the names and address of each officer and director.
4. If the disclosing entity is organized as a limited partnership or limited liability company, please describe each limited liability for each 5 percent owner, and for all general partners.
5. If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

[illegible]

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual, or organization in the operation of the facility by the disclosing entity.

Signature and Title

Print Name

Date \_\_\_\_\_

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Address

Telephone

KANSAS DEPARTMENT ON AGING  
LICENSURE & CERTIFICATION PROGRAM  
Application for Adult Care Home License

PART III

**A new facility or a facility that changes ownership, the following items must be submitted with the application.**

1. Legal documents transferring ownership or operations: a copy of the deed, sales contracts, leases, management agreements, and any required approvals of the licensees or mortgagors.
2. Curriculum vitae or resumes for all license applicants to be involved with operating or supervising the operation of the facility. This requirement does not apply to staff members in an individual facility. It does apply to anyone an applicant will rely on to operate the facility and anyone who will be involved with conducting the business affairs of the facility.
3. Submit a complete list of facilities any of the applicants own or are operating in other states.
4. A financial statement projecting the facility's first month operating income and expense. In addition a current balance sheet for each applicant. All financial statements will be prepared according to generally accepted accounting principles and certified by the applicant to be accurate.
5. Submit **original** Resident Fund Surety Bond.

## RESIDENT FUND SURETY BOND

BOND NO. \_\_\_\_\_

### KNOW ALL PERSON BY THESE PRESENTS;

That \_\_\_\_\_  
(operator's name)

now licensed or applying to be licensed to provide long term care to residents of

\_\_\_\_\_  
(name) (address)

as Principals, and \_\_\_\_\_ as Surety, a company  
(surety)

duly authorized to transact surety business in the State of Kansas, are held and firmly bound unto the residents of the above referenced facility and/or the State of Kansas in the aggregate amount of \_\_\_\_\_ Dollars (\$ ) the payment of which sum, well and truly to be made, the Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The Principal, as an incident to such business referenced above is now accepting or is about to accept funds from some of all such residents for management or safekeeping. The Principal, therefore, is subject to provide assurance of financial security in an amount equal to or greater than all residents' funds manage by the facility at any time during the one year period preceding or the estimated maximum dollar amount of all such resident funds to be accepted and managed by the Principal at any time during the next one year period whichever is greater.

The condition of this surety bond is such that if the above named Principal shall: (1) hold separately and in trust all residents' funds deposited with Principal, (2) shall administer said funds on behalf of said residents in the manner directed by the federal and state law, (3) upon termination of each said deposit, shall account for all funds received, expended and held on hand, and, (4) otherwise fulfill its obligations pursuant to 42 CFR 483.10 (C), this obligation shall be null and void, otherwise to remain in full force and effect.

**PROVIDED FURTHER**, that the aggregate obligation of the Surety under this bond shall be limited in total to the sum established herein or as subsequently amended by any duly executed rider.

**PROVIDED FURTHER**, this bond shall apply to all residents' or former residents' funds received by the Principal.

This bond shall be effective as of 12:01 AM on \_\_\_\_\_ and shall continue in full force and effect until terminated by cancellation by either Principal or Surety, to be effected by the giving of sixty (60) days written notice by certified mail to the other party and to the Commissioner of Licensure & Certification, Kansas Department on Aging, 503 South Kansas Avenue, Topeka Kansas 66603-3404. The Surety shall not be discharged from any liability already incurred under this bond or future liabilities occurring from claims made against losses of funds while his bond was in force for a period of 12 months after cancellation hereof.

The following facility or facilities of Principal are subject to a sublimit of benefit from the total aggregate of this bond. The sublimits are as follows:

The said Principal and Surety have executed the foregoing obligation this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Name of Surety	_____
Address	_____
State	_____
by Attorney in Fact	_____
Name of Principal	_____
Address	_____
State	_____
by officer of Principal	_____
Title	_____